

# AFRICAN ELEPHANT CONSERVATION FUND

Application Form (page 1 of 2)

Project Title: \_\_\_\_\_

\_\_\_\_\_

Amount requested from FWS: USD \$ \_\_\_\_\_

Funds should be made payable to: \_\_\_\_\_

(Provide the name of designated payee organization or individual, to appear on payment from United States Treasury in the event of an approved grant agreement.)

Name And Title Of Project Manager: \_\_\_\_\_

Organization: \_\_\_\_\_

U.S. Tax ID# : \_\_\_\_\_ (for USA-based organizations )

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code/Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code/Zip code: \_\_\_\_\_

Name and title of person who will be the Point Of Contact (if other than Project Manager):

\_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code/Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code/Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address \_\_\_\_\_

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Partner organizations  
contributing funds to this proposal's budget:

Amount of contribution:

The Service is interested in engaging partners for international wildlife conservation; to achieve this goal we may share your proposal with potential partners for implementing and coordinating purposes.

**If you prefer that your proposal not be shared, please check this box.**    ☐

Signature of Applicant:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed or Typed Name)

\_\_\_\_\_  
(Title and Organization)